

Large Group Use Application

City of Maple Valley Parks & Recreation 425-432-9953



CONTACT INFORMATION:			
Contact Name:		Business/Org.:	
Reservation Sign Name:		Address:	
City:		State/Zip:	
Email:	Day Phone:	Cell Phone:	
DATE & LOCATION: Please see fee information provided below.			
Date(1 st Choice):		Date (2 nd Choice):	
Event Type:		Expected Attendance: _____ # of Vehicles Parking _____	
Area Requested: <input type="checkbox"/> The Point (Includes sites 4,5,6) <input type="checkbox"/> Picnic Shelter 1 & Amphitheater			
Time Slot: <input type="checkbox"/> 9:00am-2:00pm, Half Day <input type="checkbox"/> 3:00pm-8:00pm, Half Day <input type="checkbox"/> 9:00am-8:00pm, Full Day			
SET-UP: Please let us know more about what you are planning and bringing with you. (*Additional fees apply)			
<input type="checkbox"/> Food <input type="checkbox"/> Catered or <input type="checkbox"/> Potluck? <input type="checkbox"/> Bringing Additional Grills? How Many _____ <input type="checkbox"/> Games, Volleyball Nets, etc. <input type="checkbox"/> Bringing Pop- Up Tents Size/s _____ How Many _____ <input type="checkbox"/> Amplified Sound/Music # of Speakers: _____ Please describe intended Use: _____ Use must comply with City Code and Park Regulations. <input type="checkbox"/> *Electrical Access (Shelter 1) <input type="checkbox"/> Bringing Generator: Make & Model _____ <input type="checkbox"/> Muffler <input type="checkbox"/> *Water Access (Shelter 1) <input type="checkbox"/> *Additional Picnic Tables (May Request up to 4) How Many? _____ <input type="checkbox"/> Vehicle Access beyond Parking Lot (Weather dependent, vehicle access is allowed to load and unload only.) How Many? _____ <input type="checkbox"/> Inflatable Toy/s What Company? _____ # of Rides _____			
Only Certified Amusement Ride Operators are permitted, visit the Washington State Department of Labor & Industries: http://www.lni.wa.gov/tradescicensing/electrical/amuseride/licensedoperators.asp . Rides must display a WA L&I decal. A certificate of insurance naming City of Maple Valley as additionally insures and listing the City of Maple Valley as a Certificate Holder will be required if approved. Minimum amount of General liability is \$1,000,000 per occurrence, 2,000,000. Adult supervision required at all times.			
FEE INFORMATION:		Resident	Non-Resident
The Point, Half Day (Combination of Sites 4, 5, 6); Groups up to 200		\$135	\$145
The Point, Full Day (Combination of Sites 4, 5, 6); Groups up to 200		\$270	\$290
Picnic Shelter 1 and the Amphitheater, Half Day; Groups up to 200		\$145	\$165
Picnic Shelter 1 and Amphitheater, Full Day; Groups up to 200		\$285	\$325
Additional Picnic Tables, \$10 each (based on availability-up to 4)		\$ 10	\$ 10
Electrical Access (Picnic Shelter 1)		\$ 25	\$ 25
Water Access (from hose bib, available at Picnic Shelter 1)		\$ 25	\$ 25
Patrick's Field (may be added to rental, based on availability)		\$ 20/2 hours	\$ 30/2 hours
TOTAL:			

The undersigned hereby certifies that the information set forth above is true and correct, and further acknowledges to have read all policies and facility use requirements governing use of City facilities. Should it be determined that these rules have been violated, I acknowledge that my rental period may be terminated immediately with no refund or recourse. Cancellations must be made at least fourteen (14) days in advance of reservation date to be eligible for a refund. Requests made for cancellations or reschedules less than fourteen (14) days before the rental date will result in the loss of the entire rental fee. A \$30 administrative fee for all cancellations or reschedules will be charged. Refunds are not issued in case of inclement weather.

Signature _____

Date _____

Please complete and Return to:

Mailing Address: P.O. Box 320
Maple Valley, WA 98038

In Person: Lake Wilderness Lodge
22500 SE 248th Street Maple Valley, WA 98038

By Fax: 425-432-9974